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Parthasarathy, Pramila, Examiner	Paul D. Amrozowicz, Reg. No. 45,264
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USPTO	JANUARY 18, 2006
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RE:	RECIPIENT'S REFERENCE NUMBER:
Request for Continued Examination (RCE) Transmittal	09/880,701
Request for Extension of Time	

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**EXAMINING GROUP ART UNIT 2136  
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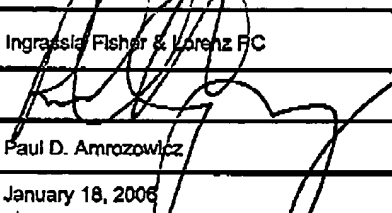
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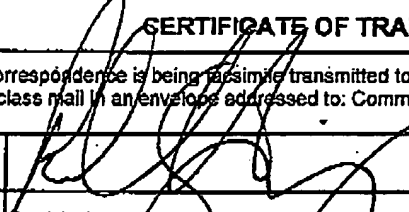
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/880,701
	Filing Date	06/13/2001
	First Named Inventor	Lee P. Noehring
	Art Unit	2136
	Examiner Name	Parthasarathy, Pramila
	Attorney Docket Number	044.0004
Total Number of Pages in This Submission		3

<b>ENCLOSURES (Check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination (RCE) Transmittal
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Ingrassia Fisher & Lorenz PC	
Signature		
Printed name	Paul D. Amrozowicz	
Date	January 18, 2006	Reg. No. 45,264

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>		
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Typed or printed name	Paul D. Amrozowicz	Date January 18, 2006

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